

Capitol Preservation Board OCIP

NOTICE OF SUBSTANTIAL COMPLETION

Contractor: _____

Address: _____ Phone: _____ Fax: _____

Email: _____

Please be advised, we are scheduled to complete our work for the following:

Awarding Contractor _____

Project Name : Utah State Capitol Restoration Phase III Date of Completion _____

Awarded Contract Value: \$ _____ Final Contract Value \$ _____

Worker Compensation Classification Codes	Final Project Payroll by Classification Codes
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PROJECT PAYROLL	-----

Signature of authorized contractor representative: _____

We used the following subcontractors who will also complete their work on the date shown above:

Send OR fax this form to: Willis Insurance Brokerage of Utah, Inc.
Attn: Tonya Gallegos
2890 East Cottonwood Parkway, Suite 350
Salt Lake City, UT 84121

Fax (801) 942-6203